

Fill in this information to identify the case:United States Bankruptcy Court for the:
MIDDLE DIST. OF PENNSYLVANIACase number (if known): _____ Chapter 7☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name **Kenosis Systems & Services, Inc.**
2. All other names debtor used in the last 8 years **fdba Kenosis Scaffolding Systems LLC; fdba Kocsis Scaffolding Systems LLC; fdba Kenosis Insulation LLC; fdba Kenosis Painting & Coating LLC; fdba Kenosis EIFS LLC**
- Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 8 1 - 2 9 2 7 7 6 0
4. Debtor's address
- | Principal place of business | Mailing address, if different from principal place of business |
|-----------------------------|--|
| 14 Flenner Trail | |
| Number Street | Number Street |
| | P.O. Box |
| | |
| Gettysburg PA 17325 | |
| City State ZIP Code | City State ZIP Code |
| Adams | Location of principal assets, if different from principal place of business |
| County | |
| | 2255 York Road, Gettysburg, PA, 17325 |
| | Number Street |
| | 5500 Chemical Road, Baltimore, MD |
| | City State ZIP Code |
5. Debtor's website (URL) _____
6. Type of debtor
- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: _____

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

2 3 8 2

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 1

Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

☒ No

- ☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor **Kenosis Systems & Services, Inc.**

Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **Kenosis Systems & Services, Inc.**

Case number (if known) _____

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
15. Estimated assets
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
16. Estimated liabilities
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING --Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - ☒ I have been authorized to file this petition on behalf of the debtor.
 - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/08/2017

MM / DD / YYYY

X /s/ Bruce E. Kocsis, Jr.

Signature of authorized representative of debtor

Bruce E. Kocsis, Jr.

Printed name

Title **President**

18. Signature of attorney

X /s/ Deborah A. Hughes, Esquire

Signature of attorney for debtor

Date **06/08/2017**

MM / DD / YYYY

Deborah A. Hughes, Esquire

Printed name

Schiffman, Sheridan & Brown P.C.

Firm name

2080 Linglestown Road

Number Street

Suite 201

Harrisburg

City

PA

State

17110

ZIP Code

(717) 540-9170

Contact phone

dhughes@ssbc-law.com

Email address

31060

Bar number

PA

State

Fill in this information to identify the caseDebtor name **Kenosis Systems & Services, Inc.**United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**Case number
(if known) _____☐ Check if this is an
amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	F & M Trust Kocsis Scaffolding Checking account	Checking account	____	\$0.00
3.2.	F & M Trust Kenosis Scaffolding Checking account	Checking account	____	\$0.00
3.3.	F & M Trust Knosis Systems & Services payroll Checking account	Checking account	____	\$192.83
3.4.	F & M Trust Kenosis Insulation Checking account	Checking account	____	\$0.00

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$192.83

Debtor **Kenosis Systems & Services, Inc.**
Name

Case number (if known)

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less:	<u>\$0.00</u>	—	<u>\$0.00</u>	= →	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u>\$61,866.52</u>	—	<u>\$0.00</u>	= →	<u>\$61,866.52</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$61,866.52

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method
used for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Debtor **Kenosis Systems & Services, Inc.**
Name

Case number (if known)

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
Scaffolding equipment at cost (owe \$475,000). See attached.	05/15/2017		at cost	\$1,997,966.10

20. Work in progress

21. Finished goods, including goods held for resale

22. Other inventory or supplies

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$1,997,966.10

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

Debtor **Kenosis Systems & Services, Inc.** Case number (if known) _____
Name

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
2 desktop computers and printer			\$300.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$300.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2016 Dodge Ram 4500			\$45,000.00
47.2. 2015 Big Tex 20 foot trailer			\$5,600.00

Debtor **Kenosis Systems & Services, Inc.**
Name

Case number (if known)

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats
trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm
machinery and equipment)**

Hand tools and equipment

\$100.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$50,700.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	---	--	---------------------------------------

60. **Patents, copyrights, trademarks, and trade secrets**

Debtor **Kenosis Systems & Services, Inc.**
Name

Case number (if known)

61. Internet domain names and websites
62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor **Kenosis Systems & Services, Inc.**
Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$192.83</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$61,866.52</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$1,997,966.10</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$300.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$50,700.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<div><u>\$0.00</u></div>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<div>+ <u>\$0.00</u></div>	
91. Total. Add lines 80 through 90 for each column.	91a. <div><u>\$2,111,025.45</u></div>	+ 91b. <div><u>\$0.00</u></div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<div><u>\$2,111,025.45</u></div>

Fill in this information to identify the case:

Debtor name Kenosis Systems & Services, Inc.

United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1	Creditor's name <u>Ally Financial</u>	Describe debtor's property that is subject to a lien <u>2016 Dodge Ram 4500</u>	<u>\$60,417.59</u>	<u>\$45,000.00</u>
	Creditor's mailing address <u>PO Box 9001948</u>	Describe the lien <u>Purchase Money / Agreement</u>		
	Creditor's mailing address <u>Louisville KY 20290</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred <u>2016</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number <u>2 8 5 6</u>			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$892,205.66

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2	Creditor's name Aluma Systems	Describe debtor's property that is subject to a lien Equipment	\$37,297.00	\$0.00
	Creditor's mailing address 2100 Van Deman Street, Unit 3	Describe the lien Agreement		
	Baltimore MD 21224	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 2017	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number 8 9 5 4			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2.3	Creditor's name Ascentium Capital	Describe debtor's property that is subject to a lien Equipment PMSI	\$2,762.76	\$0.00
	Creditor's mailing address 23970 Highway 59 North	Describe the lien Agreement		
	Kingwood TX 77339	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 2015	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number 4 6 6 3			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.4	Creditor's name F & M Trust	Describe debtor's property that is subject to a lien Loan - business assets	\$81,864.03	\$0.00
	Creditor's mailing address PO Box 6010	Describe the lien UCC1 / Agreement		
	Chambersburg PA 17201	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 2011	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number 9 4 4 1			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.5	Creditor's name Financial Pacific	Describe debtor's property that is subject to a lien Equipment	\$9,661.51	\$0.00
	Creditor's mailing address 3455 S. 344th Way, Suite 300	Describe the lien UCC1 / Agreement		
	Federal Way WA 98001	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 2015	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number 7 6 7 F			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.6	Creditor's name <u>Internal Revenue Service</u> Creditor's mailing address <u>Insolvency Section - BK notice</u> <u>PO Box 7346</u> <u>Philadelphia PA 19101-7346</u> Creditor's email address, if known Date debt was incurred <u>15/16</u> Last 4 digits of account number <u>5 9 1 8</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Federal Tax lien</u> Describe the lien <u>Taxes</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$168,881.90	\$0.00
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16 TL 498 filed 10/24/16

2.7	Creditor's name <u>Internal Revenue Service</u> Creditor's mailing address <u>Insolvency Section - BK notice</u> <u>PO Box 7346</u> <u>Philadelphia PA 19101-7346</u> Creditor's email address, if known Date debt was incurred <u>2016</u> Last 4 digits of account number <u>5 9 1 8</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Federal tax lien</u> Describe the lien <u>Taxes</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,282.75	\$0.00
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17 TL 59
 filed 2/13/17

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.8	Creditor's name Layher, Inc. <hr/> Creditor's mailing address 7517 Lake Drive <hr/> <hr/> Rosedale MD 21237 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred <hr/> Last 4 digits of account number <div style="display: flex; justify-content: space-between; width: 100px;"> 1679 </div>	Describe debtor's property that is subject to a lien Scaffolding equipment <hr/> Describe the lien Purchase Money / Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$474,637.86	\$0.00
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <div style="margin-left: 20px;"> <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ </div>				

2.9	Creditor's name Pawnee Leasing Corp <hr/> Creditor's mailing address 3801 Automation Way, Suite 207 <hr/> <hr/> Fort COLLins CO 80525 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred 2015 <hr/> Last 4 digits of account number <div style="display: flex; justify-content: space-between; width: 100px;"> </div>	Describe debtor's property that is subject to a lien Equipment <hr/> Describe the lien Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,416.43	\$0.00
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <div style="margin-left: 20px;"> <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ </div>				

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.10	Creditor's name Pawnee Leasing Corp. <hr/> Creditor's mailing address 3801 Automation Way, Suite 207 <hr/> <hr/> Fort Cololins CO 80525 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred 2016 <hr/> Last 4 digits of account number 7 5 1 8 <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien Equipment <hr/> Describe the lien Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$23,209.39 <hr/>	\$0.00 <hr/>
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2.11	Creditor's name Pennsylvania Dept. of L & I <hr/> Creditor's mailing address UC Tax Matters <hr/> Office of Chief Counsel, 10th Fl <hr/> 651 Boas Street <hr/> Harrisburg PA 17121 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred 2016 <hr/> Last 4 digits of account number _____ <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien Tax lien <hr/> Describe the lien Unemployment compensation <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,848.96 <hr/>	\$0.00 <hr/>
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16 TL 579
filed 12/12/16

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.12	Creditor's name <u>Pennsylvania Dept. of L & I</u> Creditor's mailing address <u>UC Tax Matters</u> <u>Office of Chief Counsel, 10th Fl</u> <u>651 Boas Street</u> <u>Harrisburg PA 17121</u> Creditor's email address, if known Date debt was incurred <u>2015</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Tax lien</u> Describe the lien <u>Unemployment compensation</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,580.78</u>	<u>\$0.00</u>
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16 TL 45
filed 2/11/16

2.13	Creditor's name <u>Pennsylvania Dept. of L & I</u> Creditor's mailing address <u>UC Tax Matters</u> <u>Office of Chief Counsel, 10th Fl</u> <u>651 Boas Street</u> <u>Harrisburg PA 17121</u> Creditor's email address, if known Date debt was incurred <u>2015</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Tax lien</u> Describe the lien <u>Unemployment compensation</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$5,344.70</u>	<u>\$0.00</u>
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15 TL 564 filed 12/10/15

Debtor **Kenosis Systems & Services, Inc.**

Kenosis Systems & Services, Inc.

Case number (if known)

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**On which line in Part 1
did you enter the
related creditor?**

**Last 4 digits of
account number
for this entity**

Ally

Line **2.1**

PO Box 130424

Roseville

MN 55113

Fill in this information to identify the case:

Debtor Kenosis Systems & Services, Inc.

United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing addressComptroller of MarylandRevenue Administration DivisionPO Box 2601Annapolis MD 21404

Date or dates debt was incurred

2017Last 4 digits of account
number Specify Code subsection of **PRIORITY** unsecured
claim: 11 U.S.C. § 507(a)(8)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes Kenosis

Is the claim subject to offset?

- ☒ No
☐ Yes

\$5,663.00\$5,663.00**2.2** Priority creditor's name and mailing addressComptroller of MarylandRevenue Administration DivisionPO Box 2601Annapolis MD 21404

Date or dates debt was incurred

2017Last 4 digits of account
number Specify Code subsection of **PRIORITY** unsecured
claim: 11 U.S.C. § 507(a)(8)As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes Kocsis

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,961.00\$1,961.00

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,006.00</u>	<u>\$3,006.00</u>
<u>DC Treasurer</u>	<input type="checkbox"/> Contingent		
<u>Office of Tax & Revenue</u>	<input type="checkbox"/> Unliquidated		
<u>PO box 419</u>	<input type="checkbox"/> Disputed		
<u>Washington</u> <u>DC</u> <u>20044</u>	Basis for the claim:		
<u>Date or dates debt was incurred</u>	<u>Taxes Kenosis</u>		
<u>2017</u>	Is the claim subject to offset?		
<u>Last 4 digits of account number</u>	<input checked="" type="checkbox"/> No		
<u>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)</u>	<input type="checkbox"/> Yes		

2.4 Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>Unknown</u>	<u>Unknown</u>
<u>DC Treasurer</u>	<input type="checkbox"/> Contingent		
<u>Office of Tax & Revenue</u>	<input type="checkbox"/> Unliquidated		
<u>PO Box 419</u>	<input type="checkbox"/> Disputed		
<u>Washington</u> <u>DC</u> <u>20044</u>	Basis for the claim:		
<u>Date or dates debt was incurred</u>	<u>Sales Taxes</u>		
<u>2017</u>	Is the claim subject to offset?		
<u>Last 4 digits of account number</u>	<input checked="" type="checkbox"/> No		
<u>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)</u>	<input type="checkbox"/> Yes		

2.5 Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$300.00</u>	<u>\$300.00</u>
<u>Dept of Assessment & Taxation MD</u>	<input type="checkbox"/> Contingent		
<u>Personal Property Division</u>	<input type="checkbox"/> Unliquidated		
<u>PO Box 17052</u>	<input type="checkbox"/> Disputed		
<u>Baltimore</u> <u>MD</u> <u>21297</u>	Basis for the claim:		
<u>Date or dates debt was incurred</u>	<u>Taxes Kocsis</u>		
<u>2017</u>	Is the claim subject to offset?		
<u>Last 4 digits of account number</u>	<input checked="" type="checkbox"/> No		
<u>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)</u>	<input type="checkbox"/> Yes		

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.6 Priority creditor's name and mailing address Dept of Assessment & Taxation MD Personal Property Division PO Box 17052 Baltimore MD 21297 Date or dates debt was incurred 2017 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Kenosis Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00 \$300.00
2.7 Priority creditor's name and mailing address Internal Revenue Service Insolvency Section - BK notice PO Box 7346 Philadelphia PA 19101-7346 Date or dates debt was incurred 2016 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown Unknown
2.8 Priority creditor's name and mailing address Maryland Revenue Admin Division Tax Payer Service Section 110 Carroll Street Annapolis MD 21411 Date or dates debt was incurred Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Sales Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown Unknown

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.9 Priority creditor's name and mailing address <u>Office of Tax and Revenue DC</u> <u>PO Box 96166</u> <u>Washington</u> <u>DC</u> <u>20090</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes Kocsis</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$620.00</u> <u>\$620.00</u>
2.10 Priority creditor's name and mailing address <u>PA Department of Revenue</u> <u>Bankruptcy Section</u> <u>PO Box 280946</u> <u>Harrisburg</u> <u>PA</u> <u>17128</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u> <u>Unknown</u>
2.11 Priority creditor's name and mailing address <u>PA Dept. of Revenue</u> <u>PO Box 280946</u> <u>Harrisburg</u> <u>PA</u> <u>17128</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sales Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u> <u>Unknown</u>

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.12 Priority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.*

\$103.00 \$103.00

Pennsylvania Department of Revenue

Bureau of Compliance

Bankruptcy Division

PO Box 280946

Harrisburg PA 17128-0946

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Taxes Kocsis

Date or dates debt was incurred

2017

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(8)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address <u>Ally Financial</u> <u>PO Box 9001948</u> <u>Louisville</u> <u>KY</u> <u>40290</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>9</u> <u>9</u> <u>1</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repo of 2016 Ram 1500 on 5/19/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$40,195.21</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address <u>American Express</u> <u>PO Box 1270</u> <u>Newark</u> <u>NJ</u> <u>07101</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u>2</u> <u>0</u> <u>0</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,527.04</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address <u>Benefit Mall</u> <u>PO Box 42827</u> <u>Baltimore</u> <u>MD</u> <u>21284</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Health insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,754.02</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address <u>Bruce Kocsis III</u> <u>14 Flenner Trail</u> <u>Gettysburg</u> <u>PA</u> <u>17325</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,866.00</u>

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.8	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$85,835.86
Expansion Capital			<input type="checkbox"/> Contingent	
5020 S. Broadband Lane #100			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
			Basis for the claim:	
Sioux Falls SC 57108			Restructured Capital loan	
Date or dates debt was incurred 2016			Is the claim subject to offset?	
Last 4 digits of account number			<input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address <u>ExxonMobile</u> <u>PO Box 78001</u> <u>Phoenix</u> <u>AZ</u> <u>85062</u> Date or dates debt was incurred <u>1/17</u> Last 4 digits of account number <u>5</u> <u>7</u> <u>0</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,828.24</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address <u>Frank Kaniecki</u> <u>321 Washington School House Road</u> <u>Rising Sun</u> <u>MD</u> <u>21911</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Shareholder expense reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,700.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address <u>Ft. Meade NSA</u> <u>TR094 Rockenbach Road</u> <u>Fort Meade</u> <u>MD</u> <u>20755</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address <u>Fundworks</u> <u>15260 Ventura Blvd, Suite 1430</u> <u>Sherman Oaks</u> <u>CA</u> <u>91403</u> Date or dates debt was incurred <u>5/16</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Capital</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19,069.81</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$10,000.00
	<u>Geraldine Kocsis</u>	<i>Check all that apply.</i>	
	<u>50950 Center Road</u>	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Valley City OH 44280</u>	<u>Loan</u>	
	<u>Date or dates debt was incurred 3/17</u>	Is the claim subject to offset?	
	<u>Last 4 digits of account number</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown
	<u>Gettysburg Yard</u>	<i>Check all that apply.</i>	
	<u>2255 York Road</u>	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Gettysburg PA 17325</u>	<u>Storage lease</u>	
	<u>Date or dates debt was incurred 2017</u>	Is the claim subject to offset?	
	<u>Last 4 digits of account number</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$9,520.00
	<u>IMS Funding</u>	<i>Check all that apply.</i>	
	<u>247 W. 36th Street</u>	<input type="checkbox"/> Contingent	
	<u>New York, NY</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Restructured Capital loan</u>	
	<u>Date or dates debt was incurred 11/16</u>	Is the claim subject to offset?	
	<u>Last 4 digits of account number</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$174,183.46
	<u>Internal Revenue Service</u>	<i>Check all that apply.</i>	
	<u>Insolvency Section - BK notice</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 7346</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Philadelphia PA 19101-7346</u>	<u>Taxes</u>	
	<u>Date or dates debt was incurred 15-16</u>	Is the claim subject to offset?	
	<u>Last 4 digits of account number 5 9 1 8</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address <u>Internal Revenue Service</u> <u>Insolvency Section - BK notice</u> <u>PO Box 7346</u> <u>Philadelphia</u> <u>PA</u> <u>19101-7346</u> Date or dates debt was incurred <u>16-17</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address <u>Kirlin Mid-Atlantic</u> <u>515 Dover Roaf</u> <u>Rockville</u> <u>MD</u> <u>20850</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address <u>L.A. Commercial Group, Inc.</u> <u>c/o Jessica Lemoine, Esquire</u> <u>PO Box 251450</u> <u>Glendale</u> <u>CA</u> <u>91225</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> <u>LC104820</u> <u>Superior Court of CA, County of Los Angeles</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection agency lawsuit for Fundworks</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$34,100.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address <u>Maryland Transportation Authority</u> <u>PO Box 17600</u> <u>Baltimore</u> <u>MD</u> <u>21297</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Toll charges/video toll/ticket</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$144.48</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.21 Nonpriority creditor's name and mailing address

MCN Build

1214 29th Street NW

Washington

DC

20007

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Possible claims

Is the claim subject to offset?

- ☒ No
☐ Yes

Unknown

3.22 Nonpriority creditor's name and mailing address

Men of Power

6911 E. Baltimore Street

Baltimore

MD

21224

Date or dates debt was incurred

5/17

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Vendor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$3,650.00

3.23 Nonpriority creditor's name and mailing address

Miller, Brown & Ohm

335 Main Street

McSherrystown

PA

17344

Date or dates debt was incurred

2017

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Accountant

Is the claim subject to offset?

- ☒ No
☐ Yes

\$2,850.00

3.24 Nonpriority creditor's name and mailing address

Monarc Construction

2781 Hartland Road

Falls Church

VA

22043

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Possible claims

Is the claim subject to offset?

- ☒ No
☐ Yes

Unknown

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address <u>National Logistics Services, Inc.</u> <u>2976 Penwick Lane #100</u> <u>Dunkirk</u> <u>MD</u> <u>20754</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,600.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address <u>Neff Rentals</u> <u>9714 Pulaski Highway</u> <u>Baltimore</u> <u>MD</u> <u>21220</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease of scissor lift</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,671.30</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address <u>Occupational Health Center</u> <u>100 S. Charles Street #150</u> <u>Baltimore</u> <u>MD</u> <u>21201</u> Date or dates debt was incurred <u>10/16</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$80.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address <u>Patuxent Engineering Group</u> <u>5741 Main Street</u> <u>Elkridge</u> <u>MD</u> <u>21075</u> Date or dates debt was incurred <u>5/16</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,960.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.29 Nonpriority creditor's name and mailing address

Pennsylvania Dept. of L & I

UC Tax Matters

Office of Chief Counsel, 10th Fl

651 Boas Street

Harrisburg PA 17121

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unemployment compensation

Is the claim subject to offset?

- ☒ No
☐ Yes

Unknown

3.30 Nonpriority creditor's name and mailing address

Pennsylvania Dept. of Labor & Industry

OUCTS

Bankruptcy & Compliance Office

625 Cherry Street, Room 203

Reading PA 19602

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PA Unemployment comp

Is the claim subject to offset?

- ☒ No
☐ Yes

Unknown

3.31 Nonpriority creditor's name and mailing address

Plan B Engineering

475 Veit Road

Huntingdon Valley PA 19006

Date or dates debt was incurred 3/17

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Vendor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$3,750.00

3.32 Nonpriority creditor's name and mailing address

PQ Corporation

300 Lindenwood Drive

Valleybrooke Corp Center

Malvern PA 19355

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Possible claims

Is the claim subject to offset?

- ☒ No
☐ Yes

Unknown

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address <u>Quarterspot</u> <u>333 Seventh Avenue, Suite 1402</u> <u>New York</u> <u>NY</u> <u>10001</u> Date or dates debt was incurred <u>10/16</u> Last 4 digits of account number <u>4</u> <u>1</u> <u>2</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Restructured Capital loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,616.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address <u>Robert & Loretta Luppino</u> <u>10416 Stream Park Ct</u> <u>Dayton</u> <u>OH</u> <u>45458</u> Date or dates debt was incurred <u>1/17</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address <u>Rodman's Contracting, LLC</u> <u>1985 Mitchell Dr</u> <u>Aberdeen</u> <u>MD</u> <u>21001</u> Date or dates debt was incurred <u>10/16</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$432.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address <u>Sunoco</u> <u>PO Box78013</u> <u>Phoenix</u> <u>AZ</u> <u>85062</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u>4</u> <u>2</u> <u>0</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$881.81</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37 Nonpriority creditor's name and mailing address

Superior Contractors, LLC

205 Grundy Street

Baltimore MD 21224

Date or dates debt was incurred 5/16

Last 4 digits of account number _ _ _ _

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Vendor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$35,627.00

3.38 Nonpriority creditor's name and mailing address

Verizon

PO Box 25505

Lehigh Valley PA 18002

Date or dates debt was incurred 2017

Last 4 digits of account number _ _ _ _

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Vendor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,250.00

3.39 Nonpriority creditor's name and mailing address

WR Grace

7500 Grace Drive

Columbia MD 21044

Date or dates debt was incurred

Last 4 digits of account number _ _ _ _

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Possible claims

Is the claim subject to offset?

- ☒ No
☐ Yes

Unknown

3.40 Nonpriority creditor's name and mailing address

Yellow Stone

1 Evertrust Plaza, 14th Floor

Jersey City NJ 07302

Date or dates debt was incurred 9/16

Last 4 digits of account number _ _ _ _

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Restructured Capital loan

Is the claim subject to offset?

- ☒ No
☐ Yes

\$36,598.45

Debtor Kenosis Systems & Services, Inc. Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$11,953.00

5b. Total claims from Part 2 5b. + \$622,060.68

5c. Total of Parts 1 and 2 5c. \$634,013.68
Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name **Kenosis Systems & Services, Inc.**United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**Case number _____ Chapter **7**
(if known)☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases**12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Equipment standing dismantle (May) Contract to be REJECTED	Ft. Meade NSA TR094 Rockenbach Road
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	Fort Meade MD 20755
2.2	State what the contract or lease is for and the nature of the debtor's interest	Month to month \$1,500 Contract to be REJECTED	Gettysburg Yard 2255 York Road
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	Gettysburg PA 17325
2.3	State what the contract or lease is for and the nature of the debtor's interest	JOC Mech Rm 196, Ft Meade, MD need to dismantle Contract to be REJECTED	Kirlin Mid-Atlantic 515 Dover Road
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	Rockville MD 20850
2.4	State what the contract or lease is for and the nature of the debtor's interest	609 Maryland Ave NE, Washington, DC need to dismantle Contract to be REJECTED	MCN Build 1214 29th Street NW
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	Washington DC 20007

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	1315 Clifton Str NW Washington, DC need to dismantle Contract to be REJECTED	Monarc Construction 2781 Hartland Road		
	State the term remaining				
	List the contract number of any government contract		Falls Church	VA	22043
2.6	State what the contract or lease is for and the nature of the debtor's interest	Month to month lease of scissor lift at Grace Contract to be REJECTED	Neff Rentals 9714 Pulaski Highway		
	State the term remaining				
	List the contract number of any government contract		Baltimore	MD	21220
2.7	State what the contract or lease is for and the nature of the debtor's interest	1301 E Fort Ave, Baltimore, MD need to dismantle Contract to be REJECTED	PQ Corporation 300 Lindenwood Dr Valleybrooke Corp Center		
	State the term remaining				
	List the contract number of any government contract		Malvern	PA	19355
2.8	State what the contract or lease is for and the nature of the debtor's interest	5500 Chemical Road, Baltimore, MD 3 year maintenance contract Contract to be REJECTED	WR Grace 7500 Grace Drive		
	State the term remaining				
	List the contract number of any government contract		Columbia	MD	21044

Fill in this information to identify the case:Debtor name **Kenosis Systems & Services, Inc.**United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**Case number _____
(if known)☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors**12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor***Check all schedules that apply:*

Name	Mailing address	Name	
2.1 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Ally Financial	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.2 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Ascentium Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.3 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Ally Financial	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.4 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Citizens One Auto Finance	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor***Check all schedules that apply:*

Name	Mailing address	Name	
2.5 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Financial Pacific	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.6 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Internal Revenue Service	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.7 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Internal Revenue Service	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.8 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Internal Revenue Service	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.9 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Expansion Capital	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.10 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Quarterspot	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.11 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Yellow Stone	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor***Check all schedules that apply:*

Name	Mailing address	Name	
2.12 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	IMS Funding	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
			<input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.13 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	Fundworks	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
			<input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.14 Bruce E. Kocsis, Jr.	14 Flenner Trail Number Street	L.A. Commercial Group, Inc.	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
			<input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.15 Bruce E. Kocsis, Jr. & Jolan Kocsis	14 Flenner Trail Number Street	Pawnee Leasing Corp	<input checked="" type="checkbox"/> D
			<input type="checkbox"/> E/F
			<input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.16 Bruce E. Kocsis, Jr. & Jolan Kocsis	14 Flenner Trail Number Street	Pawnee Leasing Corp.	<input checked="" type="checkbox"/> D
			<input type="checkbox"/> E/F
			<input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.17 Bruce E. Kocsis, Jr. & Jolan Kocsis	14 Flenner Trail Number Street	F & M Trust	<input checked="" type="checkbox"/> D
			<input type="checkbox"/> E/F
			<input type="checkbox"/> G
	Gettysburg PA 17325 City State ZIP Code		
2.18 Frank Kaniecki	321 Washington School House Road Number Street	Pawnee Leasing Corp	<input checked="" type="checkbox"/> D
			<input type="checkbox"/> E/F
			<input type="checkbox"/> G
	Rising Sun MD 21911 City State ZIP Code		

Debtor Kenosis Systems & Services, Inc. Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name
2.19 Frank Kaniecki

Mailing address
321 Washington School House Road
Number Street

Rising Sun MD 21911
City State ZIP Code

Name
Pawnee Leasing Corp.

Check all schedules
that apply:

- ☒ D
☐ E/F
☐ G

Fill in this information to identify the case:Debtor Name Kenosis Systems & Services, Inc.United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$0.00**1b. Total personal property:**Copy line 91A from Schedule A/B..... \$2,111,025.45**1c. Total of all property**Copy line 92 from Schedule A/B..... \$2,111,025.45**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$892,205.66**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$11,953.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... + \$622,060.68**4. Total liabilities**Lines 2 + 3a + 3b..... \$1,526,219.34

Fill in this information to identify the case and this filing:

Debtor Name Kenosis Systems & Services, Inc.

United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA

Case number
(if known) _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/08/2017
MM / DD / YYYY

X /s/ Bruce E. Kocsis, Jr.
Signature of individual signing on behalf of debtor

Bruce E. Kocsis, Jr.
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Kenosis Systems & Services, Inc.**United States Bankruptcy Court for the: **MIDDLE DIST. OF PENNSYLVANIA**Case number
(if known) _____☐ Check if this is an
amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ NoneIdentify the beginning and ending dates of the debtor's fiscal year,
which may be a calendar yearSources of revenue
Check all that apply.Gross revenue
(before deductions
and exclusions)From the beginning of the
fiscal year to filing date:From 01/01/2017 to
MM/DD/YYYY

Filing date

☒ Operating a business
☐ Other _____**\$347,689.09**

For prior year:

From 01/01/2016 to
MM/DD/YYYY12/31/2016
MM/DD/YYYY☒ Operating a business
☐ Other _____**\$747,536.00**

For the year before that:

From 01/01/2015 to
MM/DD/YYYY12/31/2015
MM/DD/YYYY☒ Operating a business
☐ Other _____**\$1,954,687.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address

Dates

Total amount or value

Reasons for payment or transfer
Check all that apply3.1. **See attached.**

Creditor's name

Street

City

State

ZIP Code

☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Ally Creditor's name Street City State ZIP Code	2016 Dodge Ram 1500	5/19/2017	\$23,706.00
5.2.	Citizens One Auto Finance Creditor's name Street City State ZIP Code	2015 Dodge Ram 3500	5/19/17	\$29,562.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	Internal Revenue Service v. Kenosis Scaffolding Systems LLC, Bruce E. Kocsis	federal tax lien 10/16 \$168,881.90	Adams County Courthouse Name Street Gettysburg PA City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 16 TL 498			

Debtor	Kenosis Systems & Services, Inc.		Case number (if known)	
	Name			

	Case title	Nature of case	Court or agency's name and address	Status of case
7.2.	Internal Revenue Service v. Kenosis Scaffolding Systems LLC, Bruce E. Kocsis	federal tax lien 2/17 \$5,282.75	Adams County Courthouse Name Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 17 TL 59		Gettysburg PA City State ZIP Code	

	Case title	Nature of case	Court or agency's name and address	Status of case
7.3.	Commonwealth of PA, Dept of L & I to the use of the Unemployment Compensation Fund v. Kocsis Scaffolding Systems, LLC	tax lien 12/12/16 \$4,848.96	Adams County Courthouse Name Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 16-TL-579		Gettysburg PA City State ZIP Code	

	Case title	Nature of case	Court or agency's name and address	Status of case
7.4.	Commonwealth of PA, Dept of L & I to the use of the Unemployment Compensation Fund v. Kocsis Scaffolding Systems, LLC	tax lien 2/11/16 \$2,580.78	Adams County Courthouse Name Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 16 TL 45		Gettysburg PA City State ZIP Code	

	Case title	Nature of case	Court or agency's name and address	Status of case
7.5.	Commonwealth of PA, Dept of L & I to the use of the Unemployment Compensation Fund v. Kocsis Scaffolding Systems, LLC	tax lien 12/10/15 \$5,344.70	Adams County Courthouse Name Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 15 TL 564		Gettysburg PA City State ZIP Code	

	Case title	Nature of case	Court or agency's name and address	Status of case
7.6.	L.A. Commercial Group, Inc. a Corporation, dba Contenental Commercial Group v. Kenosis Scaffolding Systems LLC fdba Kocsis Scaffolding Systems, LLC; Bruce Edward Kocsis, Jr.	civil	Superior Court of California, County of Los Angeles, Northwest District Name Street	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number LC104820		Van Nuys CA City State ZIP Code	

Debtor **Kenosis Systems & Services, Inc.** Case number (if known) _____
Name

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1.	Schiffman, Sheridan & Brown, PC		4/17	\$6,375.00
	Address			
	2080 Linglestown Road, Suite 201			
	Street			
	Harrisburg PA 17110			
	City State ZIP Code			
	Email or website address			
	Who made the payment, if not debtor?			

Debtor **Kenosis Systems & Services, Inc.** Case number (if known) _____
Name

	Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.2.	<u>Robert May, Esquire</u>		2016-2017	<u>\$19,822.50</u>

Address

Street

City State ZIP Code

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained _____
Does the debtor have a privacy policy about that information?
☐ No.
☐ Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. F & M Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- ____ - ____ - ____	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	4/21/17	\$0.00

Debtor **Kenosis Systems & Services, Inc.** Case number (if known) _____
Name

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Gettysburg Yard Name 2255 York Road Street Gettysburg PA City State ZIP Code	Bruce Kocsis; Darrell Sensenig (landlord) and Final Grade Inc. (shares the storage space) Address	See inventory on Schedule B19.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

☒ No
☐ Yes. Provide details below.

Debtor **Kenosis Systems & Services, Inc.** Case number (if known) _____
Name

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

	Name and address	Dates of service
		From To
26a.1.	Tim Ohm, CPA Name Miller Brown Ohm & Assoc, PC Street 335 Main Street McSherrystown PA 17344 City State ZIP Code	From 2008 To date

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	Bruce E. Kocsis, Jr. Name 14 Flenner Trail Street Gettysburg PA City State ZIP Code	

Debtor **Kenosis Systems & Services, Inc.** Case number (if known) _____
Name _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **F & M**
Name _____
Street _____
City _____ State _____ ZIP Code _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No.

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
Bruce E. Kocsis, Jr.	2016	\$1,881,783.80

Name and address of the person who has possession of inventory records

27.1. **Bruce E. Kocsis, Jr.**
Name _____
Street _____
City _____ State _____ ZIP Code _____

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
Bruce E. Kocsis, Jr.	2017	\$1,997,966.10

Name and address of the person who has possession of inventory records

27.2. **Bruce E. Koscis**
Name _____
Street _____
City _____ State _____ ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Bruce E. Kocsis, Jr.	14 Flenner Trail Gettysburg, PA	President, VP, Secretary, Treasurer	80%
Frank Kaniecki	321 Washington School House Road Rising Sun, MD 21911		20%

Debtor **Kenosis Systems & Services, Inc.** Case number (if known) _____
Name

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Frank Kaniecki	321 Washington School House Road Rising Sun, MD 21911	President	From _____ To <u>6/16</u>

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/08/2017
MM / DD / YYYY

X /s/ Bruce E. Kocsis, Jr.
Signature of individual signing on behalf of the debtor

Printed name Bruce E. Kocsis, Jr.

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF PENNSYLVANIA
HARRISBURG DIVISION**

In re **Kenosis Systems & Services, Inc.**

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$6,375.00</u>
Prior to the filing of this statement I have received.....	<u>\$6,375.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

All other matters disclosed in the written fee agreement.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
See written fee agreement.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/08/2017

Date

/s/ Deborah A. Hughes, Esquire

Deborah A. Hughes, Esquire
Schiffman, Sheridan & Brown P.C.
2080 Linglestown Road
Suite 201
Harrisburg, PA 17110
Phone: (717) 540-9170 / Fax: (717) 540-5481

Bar No. 31060

/s/ Bruce E. Kocsis, Jr.

Bruce E. Kocsis, Jr.
President